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FACSIMILE TRANSMISSION COVER SHEET

Date: October 18, 2010

To: United States Patent and Trademark Office
Examiner: Serrou, Abdelali; Art Unit: 2626

Fax: (571) 273-8300

Re: **Application Serial No.: 10/799,503**
Filing Date: 3/11/2004; First-Named Inventor: Gao
Attorney Docket No.: 0160113

From: Farjami & Farjami LLP.

Number of pages including the cover sheet: 20

Message:

Enclosed please find the Amendment and Response to Non-Final Office Action dated June 18, 2010.

Payment for First Month Extension Fee in the Amount of \$130.00 is hereby enclosed on Form PTO-2038.

Thank you.

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OCT 18 2010

Attorney Docket No.: 0160113

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Gao, YangSERIAL NO.: 10/799,503 FILED: 3/11/2004FOR: Voicing Index Controls for CELP Speech CodingHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.☒ The fee has been calculated as shown below:☒ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	130.00	65.00	\$130.00
SECOND MONTH AFTER TIME PERIOD SET	490.00	245.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,110.00	555.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,730.00	865.00	\$

☒ TOTAL EXTENSION FEE \$ 130.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1 Number of Claims after Amendment	Column 2 Number Previously Paid for	Column 3 Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	45	MINUS **45	* = 0	x 52	x 26	\$
INDEPENDENT	4	MINUS ***4	* = 0	x 220	x 110	\$
First presentation of multiple dependent claim				+ 390	+ 195	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
 ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
 *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

OCT 18 2010

Attorney Docket No.: 0160113

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☒ Enclosed is the total fee of \$130.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731.

Date:

10/18/10

By:

Farshad Farjani, Reg. No. 41,014

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 571-273-8300 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

Date

10/18/10

Signature

Christina Carter Ellis

Christina Carter Ellis

Name of Person Performing Facsimile Transmission

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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

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Signature

Typed or Printed Name of Person Mailing Paper and/or Fee